

**FOLLOW UP APPLICATION FOR REVIEW**

**-Complete all pages-**

**NOTE:** Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m), Stats.]

**HVAC, FIRE, COMPONENTS  
AND REVISIONS FOR  
PRE JULY 1, 2002  
BUILDING SUBMITTALS**

This form may be utilized for fax appointments. Indicate date plans will be in our office: \_\_\_\_\_  
Circle your choice of office: 1. Next available appt in any office, 2. Green Bay, 3. Hayward 4. LaCrosse, 5. Madison, 6. Shawano, 7. Waukesha  
Toll free fax number (877) 840-9172 Backup fax number (608) 261-6699

**NOTE: FIRE SUPPRESSION AND ALARM PLANS** See note on page 2 for fire suppression and alarm plans for certain occupancies that were required starting March 1, 2001. Contact us for requirements.

<b>1. Follow Up Review</b>  <b>Type:</b> <input type="checkbox"/> Bldg following F & F approval <input type="checkbox"/> Building Revision <input type="checkbox"/> HVAC/Smoke Control <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Fire Suppression <input type="checkbox"/> Roof Truss <input type="checkbox"/> Metal Building <input type="checkbox"/> Floor Truss <input type="checkbox"/> Fire Escape <input type="checkbox"/> Structural Steel <input type="checkbox"/> Precast Plank <input type="checkbox"/> Laminated Wood <input type="checkbox"/> Precast Wall Occupancy (see page 2) _____  Area (project area, include all levels): _____ sq. ft.  # of floor levels _____ Stories _____ Height _____  Construction Class <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5A <input type="checkbox"/> 5B <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 Total Building Volume is: <input type="checkbox"/> Less than 50,000 Cu. Ft. <input type="checkbox"/> 50,000 Cu. Ft. or greater	<b>2. Type of Submittal:</b>  <input type="checkbox"/> Revision/Replacement <input type="checkbox"/> Approval Extension <input type="checkbox"/> Petition w/plan submittal (attach form SBD-9890) <input type="checkbox"/> Multiple Buildings Number of Buildings _____  Complete attached Table 12 for multiple buildings on the same site	<b>Complete for confirmed appointments:</b>  Transaction ID: _____ Previous Related Trans. ID: _____ Assigned Reviewer: _____ Assigned Office: _____ Review Start Date*: _____ <p><b>*Plans must be received in the office of the appointment no later than 2 working days before the confirmed appointment.</b></p>
<b>3. Project Information - Fill in all known information.</b> Project/Site Name _____ Number & Street: _____ Legal Description: _____ County ( ) _____ City ( ) _____ Village ( ) _____ Town ( ) _____ Tenant name or building designation: Example: West Mall/Jim's Shoes, Bldg #1 _____ Tenant or building address _____ Zip Code _____		
<b>4. After plans are reviewed, please: (check all that apply)</b> <input type="checkbox"/> Call Customer 1, 2, 3, 4 (circle number)* <input type="checkbox"/> Mail plans to customer 1, 2, 3, 4 (circle number)* <input type="checkbox"/> Will be picked up by _____     *Refers to customer number from below		
<b>5. Complete the following designer/owner/requesting information. Utilize the check boxes when designer, owner or requesting party is the same to avoid repeating information. Attach additional copy of this page if there are more customers.</b>		
<b>Designer Information (Customer 1)</b> First Name _____ Last Name _____ Customer Number _____ Company Name _____ Address _____ City _____ State _____ Zip+4 (9 digits) _____ Phone Number (area code) _____ Fax _____ E-Mail _____ Check others if applicable ( ) Supervising Professional A/E # _____ ( ) Designer, Bldg, Hvac, Fire Alarm, Fire Suppr		<b>Mail To Party if different than designer (Customer 3)</b> First Name _____ Last Name _____ Customer Number _____ Company Name _____ Address _____ City _____ State _____ Zip+4 (9 digits) _____ Phone Number (area code) _____ Fax _____ E-Mail _____ Check others if applicable ( ) Supervising Professional A/E # _____ ( ) Designer, Bldg, Hvac, Fire Alarm, Fire Suppr
<b>Owner Information (Customer 2)</b> First Name _____ Last Name _____ Customer Number _____ Company Name _____ Address _____ City _____ State _____ Zip+4 (9 digits) _____ Phone Number (area code) _____ Fax _____ E-Mail _____ Check others if applicable ( ) Supervising Professional A/E # _____ ( ) Designer, Bldg, Hvac, Fire Alarm, Fire Suppr		<b>Other Please specify (Customer 4)</b> First Name _____ Last Name _____ Customer Number _____ Company Name _____ Address _____ City _____ State _____ Zip+4 (9 digits) _____ Phone Number (area code) _____ Fax _____ E-Mail _____ Check others if applicable ( ) Supervising Professional A/E # _____ ( ) Other ( ) Designer, Bldg, Hvac, Fire Alarm, Fire Suppr
<b>MAKE CHECKS PAYABLE TO DEPT. OF COMMERCE</b> <b>Attach check here.</b>		<b>TOTAL AMOUNT DUE</b> \$ _____ <b>(from page 4)</b> <b>Review Code 7648</b>

**6. Regulated Object Type Details** Complete information requested where applicable.

Building	HVAC	Fire Protection
<b>Occupancy Type</b> (check all that apply) <input type="checkbox"/> Assembly (Entertainment, Dining, Worship) <input type="checkbox"/> < 100 people <input type="checkbox"/> ≥ 100 people <input type="checkbox"/> Business/Office <input type="checkbox"/> Educational <input type="checkbox"/> Factory/Industrial <input type="checkbox"/> Hazardous/Garage <input type="checkbox"/> Institutional/Daycare/CBRF <input type="checkbox"/> Mercantile/Retail <input type="checkbox"/> Residential Transient # of units _____ <input type="checkbox"/> Residential Non-Transient # of units _____ <input type="checkbox"/> Warehouse/Storage <input type="checkbox"/> Free Standing Canopy <input type="checkbox"/> Grandstand <input type="checkbox"/> Pedestrian Access Structure <input type="checkbox"/> Open Parking Structure <input type="checkbox"/> Mini-Storage Building <input type="checkbox"/> Historical Building-Review per Comm 70 <input type="checkbox"/> Bleacher <input type="checkbox"/> Interior <input type="checkbox"/> Exterior <b>Fire Containment</b> (check all that apply) <input type="checkbox"/> Unlimited Area <input type="checkbox"/> Flammable or Combustible Liquids <input type="checkbox"/> Required Area Division Wall	<b>NOTE: HVAC, component submittals and tenant alteration plans must be sent to the same office as the original building submittal.</b>  <b>HVAC</b> <b>Submittal Includes,</b> (check all that apply) <input type="checkbox"/> Grease/Range Hood <input type="checkbox"/> VAV System <input type="checkbox"/> Boilers <input type="checkbox"/> Seasonal Use Dates From _____ To _____ <input type="checkbox"/> Plenum Ceiling <input type="checkbox"/> Mechanical Refrigeration Over 50 Tons <b>HVAC Fuel Source</b> <input type="checkbox"/> Oil <input type="checkbox"/> Solid <input type="checkbox"/> Gas/LPG <input type="checkbox"/> Electrical	<b>Fire suppression and alarm plans for only certain occupancies are required. See building approval letter or contact us for requirements. When required, the plans for fire sprinkler, fire detection, and fire alarm must be submitted to the office indicated on your building plan approval letter. Please include the original building transaction number on the second line of page 1, upper right box.</b>  <b>Fire Alarm:</b> <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> None Type: <input type="checkbox"/> Automatic Detection <input type="checkbox"/> Manual Alarm Monitoring Type: <input type="checkbox"/> Central Station <input type="checkbox"/> Proprietary Supervision <input type="checkbox"/> Remote Supervision <input type="checkbox"/> Protected Premises  <b>Fire Suppression</b> <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> None Type: <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Pre-action/Deluge <input type="checkbox"/> Anti-Freeze <input type="checkbox"/> Manual Wet  Monitoring Type: <input type="checkbox"/> Central Station <input type="checkbox"/> Proprietary Supervision <input type="checkbox"/> Remote Supervision <input type="checkbox"/> Protected Premises  NFPA Fire Suppression Standards used <input type="checkbox"/> 11 <input type="checkbox"/> 11A <input type="checkbox"/> 12 <input type="checkbox"/> 12A <input type="checkbox"/> 13 <input type="checkbox"/> 13R <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 17A <input type="checkbox"/> 20 <input type="checkbox"/> 22 <input type="checkbox"/> 24 <input type="checkbox"/> 750 <input type="checkbox"/> 2001 <input type="checkbox"/> Other _____

**7. Required Signatures**

**a) SUPERVISING PROFESSIONALS** If building will be 50,000 cu ft or greater (Comm 61.50) I have been retained by the owner as the supervising professional per Comm 61.50 for the performance of the supervision of reasonable on-the-site observations to determine if the construction is in substantial compliance with the approved plans and specifications. Upon completion of construction, I will file a written statement with the department certifying that, to the best of my knowledge and belief, construction has or has not been performed in substantial compliance with the approved plans and specifications. In the event that I am no longer associated with this project I will file a compliance statement (SBD-9720) notifying the department as such and indicating the current status of compliance.

Supervising Professional's Signature \_\_\_\_\_ ☐ Building ☐ HVAC ☐ Fire Sprinkler ☐ Fire Alarm Date \_\_\_\_\_

Supervising Professional's Signature \_\_\_\_\_ ☐ Building ☐ HVAC ☐ Fire Sprinkler ☐ Fire Alarm Date \_\_\_\_\_

Supervising Professional's Signature \_\_\_\_\_ ☐ Building ☐ HVAC ☐ Fire Sprinkler ☐ Fire Alarm Date \_\_\_\_\_

Supervising Professional's Signature \_\_\_\_\_ ☐ Building ☐ HVAC ☐ Fire Sprinkler ☐ Fire Alarm Date \_\_\_\_\_

**b) COMPONENT SUBMITTAL** The department requires that the project designer review individual component submittals for compliance with the general design concept. The project designer, and department, will rely on the seal of the component designers for compliance with the codes as they apply to their designs.

Original Signature of Building Designer(Component Submittal) \_\_\_\_\_ Date Signed \_\_\_\_\_ Name of Component Fabricator \_\_\_\_\_  
 (Building designer shall also initial component plans)

**8. Statements of Owners and Designer**

**a) OWNERS Statement** The owner indicated in customer box 2 that plans be reviewed for compliance with the code requirements set forth in Chapters Comm 61 to 65 of the department. The owner recognizes responsibility for compliance with all the code requirements and any conditions of approval. If a building exceeds 50,000 cubic feet in total volume, plans are required to be prepared, signed, sealed and dated by a Wisconsin registered engineer or architect (Comm 61.31). Signatures and seals affixed to the plans shall be original.

**b) DESIGNERS Statement** (Comm 61.20, 61.31(1), and 61.50) The designer indicated on the front of this form is responsible for preparing or supervising the preparation of the plans to the best of his/her knowledge to comply with the applicable codes of the Division of Safety & Buildings for this submittal. If a building, following construction of this project, contains more than 50,000 cubic feet in volume, plans are required to be prepared, signed, sealed and dated by a Wisconsin registered engineer or architect (Comm 61.31 (1)). Signatures and seals affixed to the plans shall be original.

## 9. Fee Calculation Instructions

### FEE SCHEDULE SUMMARY: WISCONSIN BUILDING CODE Calculate appropriate fee on page 4 and enter total on Page 1.

**I. Building, heating and ventilation, fire alarm and suppression plans.** Fees relating to the submittal of all building and heating and ventilation plans (new, addition, alteration) and fire alarm and fire suppression plans shall be computed on the basis of the total gross floor area of each building, area of addition or area of alteration and shall be determined in accordance with Table Comm 2.31-1 or Table 2.31-2

Note: Comm 2 provides for a partial fee refund if a plan action has not been taken within 15 days of receipt of all required information.

**Table 2.31-1  
Plan Review Fees for  
Buildings Not Located in Municipalities That Perform Inspections for Safety & Buildings**

Area (Square Feet)	Building Plans	HVAC Plans	Fire Alarm System Plans	Fire Suppression System Plans
Less than 2,500	\$260	\$160	\$30	\$30
2,501 - 5,000	330	220	60	60
5,001 - 10,000	550	260	80	80
10,001 - 20,000	750	400	150	150
20,001 - 30,000	1,100	540	220	220
30,001 - 40,000	1,500	830	360	360
40,001 - 50,000	2,000	1,100	500	500
50,001 - 75,000	2,700	1,500	720	720
75,001 - 100,000	3,400	2,100	1,000	1,000
100,001 - 200,000	5,600	2,700	1,300	1,300
200,001 - 300,000	9,900	6,300	3,100	3,100
300,001 - 400,000	15,000	9,200	4,500	4,500
400,001 - 500,000	18,500	12,000	5,900	5,900
Over 500,000	20,000	13,500	6,700	6,700

**Table 2.31-2  
Plan Review Fees for  
Buildings Located in Municipalities That Perform Inspections**

This table may be utilized for projects in municipalities that are delegated to perform inspections of the object type(s) that you are submitting as a certified municipality and/or agent of the Department of Commerce. Check our website home page at <http://www.commerce.state.wi.us/SB/SB-certifiedmunicipalities.html>, or call 608-266-3151 for the current list.

Area (Square Feet)	Building Plans	HVAC Plans	Fire Alarm System Plans	Fire Suppression System Plans
Less than 2,500	\$220	\$130	\$15	\$15
2,501 - 5,000	290	200	50	50
5,001 - 10,000	480	220	60	60
10,001 - 20,000	670	340	120	120
20,001 - 30,000	990	480	190	190
30,001 - 40,000	1,300	750	320	320
40,001 - 50,000	1,800	1,000	450	450
50,001 - 75,000	2,400	1,300	600	600
75,001 - 100,000	3,000	1,900	900	900
100,001 - 200,000	5,000	2,400	1,150	1,150
200,001 - 300,000	8,900	5,700	2,800	2,800
300,001 - 400,000	13,400	8,300	4,100	4,100
400,001 - 500,000	16,700	10,800	5,300	5,300
Over 500,000	18,000	12,100	6,000	6,000

**NOTE: A plan entry fee of \$100.00 shall be submitted with each submittal of plans to the department in addition to the plan review and inspection fees.**

**Note:** A fee reduction may be taken for plans involving **multiple identical buildings** located on the **same site** and **submitted at the same time**: The fees for the submittal of building, heating and ventilation plans for the first building shall be determined in accordance with the appropriate Table 2.31-1 or 2.31-2 on the basis of the total gross area of one building. The fee for each of the remaining identical buildings shall be computed on the basis of an area of less than 2,500 square feet.

## 10. CALCULATION OF FEES

**A. Determine Area:** The area of a floor is the area bounded by the exterior surface of the building walls or the outside face of columns where there is no wall. Area includes all floor levels such as subbasements, basements, ground floors, mezzanines, balconies, lofts, all stories and all roofed areas including porches and garages, except for cantilevered canopies on the building wall. Use the roof area for free standing canopies. Total area is the summation of all floor areas.

Attach a separate sheet if necessary for the calculations below:

Floor Level (specify)	Length	X	Width	=	Area
		X		=	
		X		=	
		X		=	
		X		=	
		X		=	
		X		=	
			Total Area	=	

**B. Determine Fee Table:** Determine the appropriate fee table(s) based on the project location.

**C. Compute Total Fee**

- **Hvac Fee** (from table) [\$ \_\_\_\_\_.00] + [No. of Add'l identical Bldgs \_\_\_\_ X Min. Fee \$ \_\_\_\_\_.00] = \$ \_\_\_\_\_.00
- **Fire Alarm Fee** (from table) [\$ \_\_\_\_\_.00] + [No. of Add'l identical Bldgs \_\_\_\_ X Min. Fee \$ \_\_\_\_\_.00] = \$ \_\_\_\_\_.00
- **Fire Suppression Fee** (from table) [\$ \_\_\_\_\_.00] + [No. of Add'l identical Bldgs \_\_\_\_ X Min. Fee \$ \_\_\_\_\_.00] = \$ \_\_\_\_\_.00
- **Revision to previously reviewed, but not denied, plans** No. of Buildings \_\_\_\_ X (\$50.00) = \$ \_\_\_\_\_.00  
(This includes submittal of revised plans, within 30 days, after an additional information/hold action)
- **Additional number of plan sets** No. of Plan sets in excess of 5 \_\_\_\_ X (\$20.00/set) = \$ \_\_\_\_\_.00
- **Components** (Trusses, precast, metal bldg, joist girders, etc. If submitted with or as a follow up to a current bldg project, fee is \$0, otherwise use misc. fee) \$ \_\_\_\_\_.00
- **Other** \$ \_\_\_\_\_.00
- **Submittal Fee** (required for each and every separate submittal) **\$ 100.00**
- **Additional sets of approved plan sets requested after plan approval** No. of Plan Sets \_\_\_\_ X (\$20.00) = \$ \_\_\_\_\_.00
- **Plan Approval Extension** (\$100.00) = \$ \_\_\_\_\_.00

**TOTAL** \$ \_\_\_\_\_.00

Enter the TOTAL on front page of the building application form

**11. Appointment, Scheduling Information, and Plan Submittal Checklists.**

**For your convenience we have installed a 24-hour, toll free number dedicated to receiving fax plan review appointment request only. Fax completed pages 1 and 2 to 877-840-9172. Be sure to indicate whether you want the next available review statewide or prefer a choice of an office.** You will receive a FAX back with an Appointment Date, Transaction ID No. and Assigned Reviewer. You may also email the request to [planschedule@commerce.state.wi.us](mailto:planschedule@commerce.state.wi.us). If you wish to schedule a review appointment by phone, you may call any of the full service offices. At the time of making an appointment, you may request review for a specific office of desired (beginning) date for review. Plans must be received in the office of the appointment no later than 2 working days before the confirmed appointment. Non-scheduled submittals or submittals received without a confirmed appointment date and transaction number on the form may be assigned to offices other than the receiving office depending on reviewer availability. To obtain a submittal checklist call the material order unit at 608-266-1818 or one of the full service offices listed below. **You may email technical code questions to [bldgtech@commerce.state.wi.us](mailto:bldgtech@commerce.state.wi.us).**

<b>Madison S&amp;BD</b> 201 W Washington Ave 53703 PO Box 7162 Madison WI 53707-7162 608-266-3151 Fax: 608-267-9566 TDD 608-264-8777 Email: <a href="mailto:PlanSchedule@commerce.state.wi.us">PlanSchedule@commerce.state.wi.us</a>	<b>Hayward S&amp;BD</b> 10541N Ranch Rd Hayward WI 54843 715-634-4870 Fax: 715-634-5150 Email: <a href="mailto:PlanSchedule@commerce.state.wi.us">PlanSchedule@commerce.state.wi.us</a>	<b>LaCrosse S&amp;BD.</b> 4003 N Kinney Coulee Rd LaCrosse WI 54601-1831 608-785-9334 Fax: 608-785-9330 Email: <a href="mailto:PlanSchedule@commerce.state.wi.us">PlanSchedule@commerce.state.wi.us</a>	<b>Shawano S&amp;BD</b> 1340 E Green Bay Shawano WI 54166 715-524-3626 Fax: 715-524-3633 Email: <a href="mailto:PlanSchedule@commerce.state.wi.us">PlanSchedule@commerce.state.wi.us</a>	<b>Green Bay S&amp;BD</b> 2331 San Luis Place Green Bay, WI 54304 920-492-5601 FAX: 920-492-5604 Email: <a href="mailto:PlanSchedule@commerce.state.wi.us">PlanSchedule@commerce.state.wi.us</a>	<b>Waukesha S&amp;BD</b> 141 NW Barstow St Waukesha WI 53188-3789 262-548-8600 Fax: 262-548-8614 Email: <a href="mailto:PlanSchedule@commerce.state.wi.us">PlanSchedule@commerce.state.wi.us</a>
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**12. Multiple Buildings Worksheet**

If buildings are not identical, complete separate pages 1 & 2 for each building.

Site ID #	Facility ID #	Regulated Object Description	# of Sq. Ft.	Name or Designation for Bldg. (Facility)	Address of Project	Review Requested	Check if Identical to Previous Building	Fee Calculation
Sample	Sample	4-unit residential	5000	Bldg. B, Lot 5	201 Dorsey Pkwy. City, Municipality	Bldg. x HVAC FIRE	x	minimum from table
						Bldg. _____ HVAC _____ FIRE _____		
						Bldg. _____ HVAC _____ FIRE _____		
						Bldg. _____ HVAC _____ FIRE _____		
						Bldg. _____ HVAC _____ FIRE _____		
						Bldg. _____ HVAC _____ FIRE _____		